McCluskey, Serena

The role of the family on sickness absence

Original Citation


This version is available at http://eprints.hud.ac.uk/20052/

The University Repository is a digital collection of the research output of the University, available on Open Access. Copyright and Moral Rights for the items on this site are retained by the individual author and/or other copyright owners. Users may access full items free of charge; copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational or not-for-profit purposes without prior permission or charge, provided:

- The authors, title and full bibliographic details is credited in any copy;
- A hyperlink and/or URL is included for the original metadata page; and
- The content is not changed in any way.

For more information, including our policy and submission procedure, please contact the Repository Team at: E.mailbox@hud.ac.uk.

http://eprints.hud.ac.uk/
How significant are ‘significant others’?

The influence of the family on sickness absence

Dr Serena McCluskey
Background

- Seven per-cent of UK working age population receive a disability benefit

- ‘Disability’ defined as “an illness or impairment that limits the usual activities of daily living, including work ability” (*OECD*, 2009)

- Only 2% of those in receipt of disability benefit return to work

- Back pain a leading cause of sickness absence and work disability
Why do some people become disabled?

• They do not have a more serious health condition or more severe injury
  – So, it’s not about what has happened to them; rather it’s about why they don’t recover

• They face **obstacles** to recovery and participation

Inspiring tomorrow’s professionals
The obstacles model
- obstacles to work participation

Inspiring tomorrow’s professionals → biopsychosocial approach
Psychosocial Flags Framework

**Person** - psychosocial factors associated with unfavourable clinical outcomes and the transition to persistent pain and disability

**Workplace** - stem largely from perceptions about the relationship between work and health, and are associated with reduced ability to work and prolonged absence

**Context** - in which the person functions; includes relevant people, systems and policies. These may operate at a societal level, or in the workplace. They are especially important since they may help or hinder the recovery process.
The influence of ‘significant others’

- Significant others (spouse/partner/close family member) have an important influence on an individual’s pain behaviour and disability.

- This influence is rarely explored in relation to recovery from back pain and work participation specifically.
Family and work participation

- Department for Work and Pensions, UK (2011) – “family has an important role to play in facilitating RTW”

- Relationships with ‘significant others’ and ‘family life’ are highlighted in review studies (Snelgrove; Hoving, 2013)

- HSE, UK (2013) ‘A spouse or partner acting as a proxy respondent is associated with a 26% reduction in the likelihood that an individual is recorded as suffering from work related ill-health. This increases to 53% where the proxy respondent is not a spouse or partner”
Studies

- Chronic back pain patients and their significant others (n=28) in the North of England: (1) a Condition Management Programme; and (2) Hospital-based pain clinic
  - (1) all disability benefit claimants
  - (2) half disability benefit claimants; half remained at work

- Patients and their significant others were interviewed separately in their own homes, using an interview schedule derived from the chronic pain version of the Illness Perceptions Questionnaire (Revised) (IPQ-R) (Moss-Morris et al, 2002)
Interview questions

• What do you think was the cause of your relative’s problem?
• What do you expect is going to happen?
• How effective is their treatment plan?
• When do you think they’ll get back to work?
• What has been the effect on you?
• What do you think should be done to help?
Data Analysis

- Data were analysed using template analysis *(King et al, 2002; King, 2004)*

- A-priori themes arranged around the nine subscales of IPQ-R

- Initial template was constructed using the significant other interview data, mapping on patient data
• Mean age: claimants = 48 years; significant others = 50 years
  working = 49 years; significant others = 37 years

• Gender: majority claimants = male; majority significant others = female

• Majority claimants previously worked in manual occupations, majority of
  working were in managerial or professional occupations

• Majority of claimants had not continued their education past school-leaving
  age; majority of those in work had continued their education

• Majority of dyads=spouse/partner, other were parent/child relationships
Results:

• When the final template was produced, it was found that those IPQ-R constructs most relevant to work participation were:

1. Beliefs about causality; 2. Consequences of illness;
   3. Treatment expectations

• Two additional themes were uncovered:

4. Patient/claimant as genuine;
5. Being a good significant other
“I didn’t have any problem with it up until going into that job and that’s why I’ve put it down to doing those things….if I’m in a job where I’m sitting down all day or standing or whatever at a machine all day then it’s going to go, it’s going to continue to go”

[Claimant]

“It’s probably something that he carried in work that hurt his back”

[Significant other]
“What’s important is that I’m not sat down or stood still or something like day after day because it’ll stop me from walking, which will stop me from working”

[Claimant]

“And, as I say to him, who’s going to hire you? With a backache, you know……And who’s gonna let him lie down when he’s working in the factory, no-one are they?”

[Significant other]
“I’ve always worked since I came out of school ..... well I carried on working in the evenings when I was at school and not being able to work has crippled me. I had three jobs at one time; I was working in three jobs, and to go from three jobs to nothing...”

[Claimant]

“I can probably tell when I can see the way he walks if he’s sore or not”

[Significant other]
“I just help him, run up and down stairs when he wants….if he wants something he can ask me and I’ll do it for him”
[Significant other]

“Maybe we’re an odd household because we’re both ill – that makes us more understanding of each other”
[Significant other]
Summary of findings – out of work

- Significant others shared and further reinforced unhelpful illness beliefs of claimants
- Significant others more resigned to permanence and negative inevitable consequences
- Significant others more sceptical about the availability of suitable work and sympathy from employers
- Claimants were keen to stress their ‘authenticity’ and significant others acted as a ‘witness to pain’ or were overly solicitous – *good significant other*
Non working vs working: ‘Beliefs about causality’

• “I know for a fact it was work because she complained doing it”
  [Significant others of claimants]

• “He goes to work because he just won’t give in to it making him an invalid”
  [Significant others of working]
Non-working vs working: ‘Consequences of illness’

• “How can he get a job with his back the way it is, when he can’t sit down too long, he can’t walk too long, he has to lie down?”

  [Significant other of claimant]

• “He doesn’t not do anything because he’s got pain”

  • “I think his mental attitude is probably the reason he works full-time”

  [Significant others of working]
Non-working vs working: ‘Treatment expectations’

- “We’ve tried everything and nothing works”
- “They didn’t do everything they could… I think back pain seems to be at the bottom of their list”
  [Significant others of claimants]

- “It’s accepting that they can’t actually do anything more and you just have to live with it”
  [Significant other of working]
Working vs non-working: ‘Patient/claimant as genuine’

- I could see how much pain he was in … even sitting down for more than half-an-hour”

  [Significant other of claimant]

- “He pushes himself to go to work every single day. He’s not collecting benefits…he’s trying to do something to help himself”

  [Significant other of working]
Non-working vs working: ‘Being a good significant other’

- “I know what he’s going through….whatever he needs, I’m willing to do it”
- “I wait on her hand and foot when she’s bad”

[Significant others of claimants]

- “She manages herself remarkably well”
- “He has an amazing pain threshold, such determination”

[Significant others of working]
Summary: working sample

- Significant others focused on what the patient could still do.
- Significant others talked about patients as ‘heroic’ in their efforts to remain at work.
- Significant others did not ‘blame’ work for the cause of the condition.
- Significant others were supportive of the patients efforts in continuing to participate in normal activities, suggesting they were ‘good’ patients.
- Significant others did not expect the back pain to be cured, but were positive about effective pain management.
- Significant others had a greater degree of acceptance.
Overall Summary

- Significant others have similar and in some cases, stronger beliefs than patients about treatment for persistent back pain and work participation (helpful and unhelpful!)

- Significant others could be valuable resource

- Wider social circumstances need to be acknowledged as obstacles or facilitators to work participation

- Focusing on the individual as the sole target for intervention may not always be appropriate/effective
Next steps - things to think about!
Ongoing research

- Primary care setting – patients struggling to return to work

- The Netherlands:
  - moderate to high levels of perceived self-efficacy and low levels of punishing responses; moderate levels of solicitous and distracting responses, but significant others reported higher levels of catastrophizing than their spouses.
  - Significant others were viewed as an important factor in helping maintain continued work participation by workers with CMP.
What next?

- 3 evidence-informed leaflets
  - workplace
  - worker
  - healthcare

- Evidence-informed
- Practical advice on return to work processes
- Facilitate communication and understanding
- Synchronous distribution
- Free PDFs

www.tsoshop.co.uk/evidence-based
Acknowledgements/references

Dr Joanna Brooks; Professor Nigel King & Professor Kim Burton

McCluskey et al., BMC Musculoskeletal Disorders, 2011;12, 236
Brooks et al., BMC Musculoskeletal Disorders, 2013; 14, 48
McCluskey et al., WORK, 2013 (pre-press online)